| Fill in th | nis information to identify your case: | | eck one box only as di | rected in this form and | l in Form | | |
|--|--|---|--|---|---------------------------------|--|--|
| Debtor | 1 Joseph Robert Blythe | | 2A-1Supp: | | | | |
| Debtor (Spouse, | | | 1. There is no presu | umption of abuse | | | |
| United | States Bankruptcy Court for the: Middle District of T | ennessee [| | ade under <i>Chapter 7 i</i> | | | |
| Case n | | | Calculation (Office | cial Form 122A-2). | | | |
| (if known) | |] | 3. The Means Test qualified military | does not apply now be service but it could ap | | | |
| | | | ☐ Check if this is ar | n amended filing | | | |
| Offic | ial Form 122A - 1 | | | | | | |
| Cha | pter 7 Statement of Your Cur | rent Monthly Inc | ome | | 12/19 | | |
| attach a case nur qualifyin Part 1: | • | hich the additional information a n a presumption of abuse becau tion from Presumption of Abuse | applies. On the top of an se you do not have prim | y additional pages, writ parily consumer debts o | e your name and r because of | | |
| 1. W | hat is your marital and filing status? Check one on | ly. | | | | | |
| | Not married. Fill out Column A, lines 2-11. | | | | | | |
| □ | Married and your spouse is filing with you. Fill ou | t both Columns A and B, lines | 2-11. | | | | |
| | Married and your spouse is NOT filing with you. | You and your spouse are: | | | | | |
| | $\hfill\square$ Living in the same household and are not lega | Ily separated. Fill out both Col | lumns A and B, lines 2 | <u>-11.</u> | | | |
| Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B). | | | | | | | |
| 101(1 the 6 | n the average monthly income that you received from all (10A). For example, if you are filing on September 15, the 6-m months, add the income for all 6 months and divide the total ses own the same rental property, put the income from that p | onth period would be March 1 throuby 6. Fill in the result. Do not include | ugh August 31. If the amo de any income amount mo | unt of your monthly incomore than once. For examp | ne varied during le, if both | | |
| | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | | |
| Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). \$ | | | | \$ | | | |
| | limony and maintenance payments. Do not include olumn B is filled in. | payments from a spouse if | \$ | \$ | | | |
| of fro ar | Il amounts from any source which are regularly partyou or your dependents, including child support. on an unmarried partner, members of your household roommates. Include regular contributions from a speed in. Do not include payments you listed on line 3. | Include regular contributions , your dependents, parents, | \$ | \$ | | | |
| 5. N | et income from operating a business, profession, | | | | | | |
| | | Debtor 1 | | | | | |
| 1 | ross receipts (before all deductions) | \$ | | | | | |
| | rdinary and necessary operating expenses | -\$ | • | • | | | |
| | et monthly income from a business, profession, or far | n \$ Copy here -> | \$ | \$ | | | |
| 6. N | et income from rental and other real property | Debtor 1 | | | | | |
| G | ross receipts (before all deductions) | \$ | | | | | |
| I | rdinary and necessary operating expenses | -\$ | | | | | |
| | et monthly income from rental or other real property | \$ Copy here -> | \$ | \$ | | | |
| | terest, dividends, and royalties | | \$ | \$ | | | |

| | | | | | | Column A Debtor 1 | De | olumn B ebtor 2 or on-filing s | |
|---|---|---|--|--|----------------|-------------------|-------------|--------------------------------------|------------------------------|
| 8. | Unem | ployn | nent compensation | | | \$ | \$ | | |
| | the So | cial S | r the amount if you contend that the amour security Act. Instead, list it here: | | der | | | | |
| | For | vour: | spouse 9 | | | | | | |
| | Pension benefit not inc United disability pay pandoes not if retire | on or unde lude a State ity, or id un ot ex | retirement income. Do not include any are the Social Security Act. Also, except as sany compensation, pension, pay, annuity, cas Government in connection with a disability death of a member of the uniformed service der chapter 61 of title 10, then include that ceed the amount of retired pay to which yo der any provision of title 10 other than chapter 61. | nount received that was a stated in the next sentence, or allowance paid by the ty, combat-related injury or ces. If you received any retipay only to the extent that if u would otherwise be entitled ter 61 of that title. | red t ed | \$ | \$ | | |
| 10. | Do not receive domes United disabili | inclued as tic tentic tentic State ity, or | m all other sources not listed above. Spude any benefits received under the Social a victim of a war crime, a crime against hu rrorism; or compensation, pension, pay, an es Government in connection with a disability death of a member of the uniformed service a separate page and put the total below. | Security Act; payments manity, or international or nuity, or allowance paid by ty, combat-related injury or | the | | | | |
| | 000.00 | | a coparato pago ana par me teta. Zetem | | | \$ | \$ | | |
| | | | | | | \$ | \$ | | |
| | | To | tal amounts from separate pages, if any. | | + | \$ | \$ | | |
| 11. | | | our total current monthly income. Add line. Then add the total for Column A to the to | | | | + \$ | | = \$ |
| | | | | | | | | | Total current monthly income |
| Part | 2: | Dete | rmine Whether the Means Test Applies | to You | | | | | moomo |
| 12. | | | our current monthly income for the year | | | | | | |
| 12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ | | | | | | | | | |
| | M | lultipl | y by 12 (the number of months in a year) | | | | | | x 12 |
| | 12b. T | he re | sult is your annual income for this part of th | e form | | | | 12b. | \$ |
| 13. | Calcul | ate t | he median family income that applies to | you. Follow these steps: | | | | | |
| | Fill in t | he sta | ate in which you live. | | | | | | |
| | Fill in t | he nu | ımber of people in your household. | | | | | | |
| | To find | l a list | edian family income for your state and size t of applicable median income amounts, go . This list may also be available at the bank | online using the link specif | | in the separate | | 13. s | \$ |
| 14. | How d | o the | e lines compare? | | | | | | |
| | 14a. | _ | Line 12b is less than or equal to line 13. C | on the top of page 1, check | box | 1, There is no | presumptio | n of abuse |) <u>.</u> |
| | 14b. | _ | Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top | Form 122A-2. | | | | | |
| | | | Go to Part 3 and fill out Form 122A–2. | | | | | | |
| Part | | | Below | other the Safes 20 23 | | | | | |
| | В | y sigr | ning here, I declare under penalty of perjury | that the information on this | ssta | atement and in | any attachn | nents is tru | ie and correct. |
| | X | /s/ . | Joseph Robert Blythe | | | | | | |
| | | | eph Robert Blythe nature of Debtor 1 | | | | | | |
| | Date | Feb MM | oruary 20, 2020 / DD / YYYY | | | | | | |

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

| Debtor 1 | Joseph | h Ro | bert | Blythe |
|----------|--------|------|------|---------------|
| | | | | |

Case number (if known)

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

| Fill i | n this inf | orma | tion to identify your case: | | | |
|------------------------|---|-------------------------|--|--|--|--|
| Deb | tor 1 | Jo | seph Robert Blythe | | | |
| Deb | tor 2 ouse, if filio | ng) | | | | |
| Unite | ed States | Bank | ruptcy Court for the: Middle District of Tennessee | | | |
| | e number nown) | | | ☐ Check if this is an amended filing | | |
| | | | n 122A - 1Supp of Exemption from Presumption of Ab | use Under § 707(b)(2) 12/15 | | |
| exem exclu requi | npted from usions in ired by 11 | n a p this s U.S. | nt together with Chapter 7 Statement of Your Current Monthly Incoresumption of abuse. Be as complete and accurate as possible. If statement applies to only one of you, the other person should com C. § 707(b)(2)(C). | wo married people are filing together, and any of the | | |
| Part | 1 Id | entify | the Kind of Debts You Have | | | |
| 1. | personal | , fami | s primarily consumer debts? Consumer debts are defined in 11 U.S. ly, or household purpose." Make sure that your answer is consistent witing for Bankruptcy (Official Form 1). | | | |
| | _ | suppl | Form 122A-1; on the top of page 1 of that form, check box 1, <i>There is</i> ement with the signed Form 122A-1. | no presumption of abuse, and sign Part 3. Then submit this | | |
| | ☐ Yes. | Go to | Part 2. | | | |
| Part | 2: D | eterm | ine Whether Military Service Provisions Apply to You | | | |
| 2. | Are vou | a dis | abled veteran (as defined in 38 U.S.C. § 3741(1))? | | | |
| | □ No. | | | | | |
| | ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). | | | | | |
| | □ 1 | No. | Go to line 3. | | | |
| | | es. | Go to Form 122A-1: on the top of page 1 of that form, check box 1, <i>Th</i> submit this supplement with the signed Form 122A-1. | ere is no presumption of abuse, and sign Part 3. Then | | |
| 3. | Are you | or ha | ve you been a Reservist or member of the National Guard? | | | |
| | | | | | | |
| | ☐ Yes. | Wer | e you called to active duty or did you perform a homeland defense activ | rity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). | | |
| | □ 1 | No. | Complete Form 122A-1. Do not submit this supplement. | | | |
| | | es. | Check any one of the following categories that applies: | | | |
| | | _ | I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty. | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, The Means Test does not apply now, and sign Part 3. Then | | |
| | | | I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case. | submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The <i>exclusion period</i> means the time you are on active duty or are performing a | | |
| | | | I am performing a homeland defense activity for at least 90 days. | homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii). | | |
| | | | I performed a homeland defense activity for at least 90 days, ending on, which is fewer than 540 days before I file this bankruptcy case. | If your exclusion period ends before your case is closed, you may have to file an amended form later. | | |